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ABSTRACT

An exploratory study was designed to assess (1) whether a class created around older adults' personal recollections would motivate the class's involvement in adult education activities, (2) the oral history preparation process's impact on younger interviewers and older respondents, and (3) the instructional approach's strengths and weaknesses. The project, initiated at a Veterans Administration nursing home, contained four stages: staff training for collecting and transcribing histories, staff and resident interviews to obtain histories, staff transcription and resident editing of histories for incorporation into a book, and development of two courses ("World War II Era" and "Red Letter Days") from collected group experiences. Based on class attendance records and staff members' and visitors' perceptions of changes in the thirteen participants' behavior/life outlook, seven participants showed positive impact; six showed no impact. In comparing groups it was found that residents benefitting most were characterized before project initiation as cognitively integrated but socially withdrawn. These residents became increasingly involved in interviews and tended to continue participation following experimental class completion. Persons benefiting least were frequently described as depressed or confused. Of the eleven nursing staff interviewers, 63.6% reported warmer, more personal relationships with their interviewees. Results suggest that staff and residents mutually benefitted from the oral history interview process. (CSS)

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Oral History as a Motivating Factor Among Adult Learners

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Theoretical Framework

Life span psychologists describe older adulthood as a stage of maturation during which individuals are particularly inclined to reflect on the meaning and integrity of their lives. Erickson (2,3) believes older persons are preoccupied with the age-related conflict between integrity and despair and that resolution involves a review of their accomplishments and an affirmation that their lives have been meaningful. Peck (8) refers to the need among the elderly to realize ego transcendence, a sense that the significance of their achievements will extend beyond their lifetimes. Neugarten and her colleagues (7) have documented the tendency of older adults to become reflective and they have characterized the later years as a time of increasing"interiority."

Researchers have substantiated the therapeutic value of reminiscing in working through losses (1, 4, 5) and in resolving the perceived dissonance between one's past and present self-concepts (4, 1). Writers have noted, however, that "in modern society, the old are neither the providers of philosophical wisdom nor sources of practical information, and occasions for them to present their life stories must be artificially and deliberately constructed" (6, p. 541).

Educators have developed oral history projects with the intent of motivating young reluctant students to learn (10). Students have been sent into communities to interview the elderly about their lives and the socio-cultural changes which have occurred. Perhaps the best known effort of this kind is Elliot Wiggington's work in Appalachia which resulted in the Foxfire publication series. The collection of oral histories has also been used as a teaching technique by college professors who wished to enhance their students' understanding of older

adults (6, 9). Little has been reported, however, regarding the use of oral history as a mechanism for motivating older persons to become involved in adult education programs (6).

The developmental literature and the apparent willingness of seniors to share their life experiences led the researchers to believe that oral histories might be used successfully to rekindle an elderly persons' interest in learning. An exploratory study was designed to assess: (1) whether a class created around the personal recollections of a group of older adults would motivate them to become involved in adult education activities; (2) the impact which the process of preparing oral histories had on younger interviewers and older respondents; and (3) the strengths and weaknesses of this approach to instruction.

Development and Implementation of Courses

The oral history project was initiated in the fall of 1977 at the Veterans Administration Hospital - Nursing Home Care Unit (NHCU) located in Allen Park, Michigan. The NHCU has 72 residents, average age 72.5 years, and 23 full-time nursing staff.

A four-stage, instructional development model was proposed. First, the NHCU staff would be trained in the procedures for collecting and transcribing oral history data. Second, dyads of staff members and NHCU residents would then meet at mutually convenient times and until the resident thought his or her story was completed. During the interviews, residents would be encouraged to recount episodes in their lives which were important to them. In addition, residents would be asked questions about particular historical events, eras, and/or holiday celebrations. Third, the tape-recorded conversations would be transcribed, edited by the resident and supplemented with memorabilia. The completed

histories would then be incorporated into a book and copies would be given to each resident. Fourth, the memories of a particular era or historical events would be used by the teacher to develop a course which was relevant to the collective experiences of the group.

Two classes were created, one about the World War II Era (WWII) and another focused on Red Letter Days. The development process leading up to the implementation of the W.W.II class was just as proposed in the model. The NHCU director, in conjunction with her staff, identified six residents* who were cognitively integrated, but who did not participate in organized educational activities. The residents were informed of the nature of the project and were asked if they would be interested in participating. All those who were invited agreed to be part of the endeavor. The ages of the project participants, one female and five males, ranged from 63 to 89 years (mean = 78.6).

Dyads of staff and residents were then established through mutual consent; residents identified the persons by whom they would like to be interviewed and the staff either agreed or declined. A 20-hour inservice, staff training workshop was conducted by an oral historian.

The interviewers met with the residents for an average of 8 hours (the range was 1 1/2 - 12 hours) to record information about their lives in general and WWII in particular. The transcribed versions of the oral histories were distributed prior to the first meeting of the class. The time required to prepare the course materials was fourteen weeks.

The WWII class met for two 2 1/2 hour sessions, one morning per week for fourteen weeks. The sessions were as follows: The Pre-WWII Era

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*Henceforth, the term "resident" refers to those patients living in the NHCU who participated in the oral history project.

(weeks 1 and 2), Gearing Up for War (weeks 3 and 4), Pearl Harbor, War in Europe (weeks 5 and 7), War in the South Pacific (weeks 8 and 9), Movies of the 30's and 40's (weeks 10 and 11), End of the War in Europe - News Commentators' Comments, Atomic Bomb - Surrender of Japan, and Post-War Return to Peacetime Activity. The teacher, a veteran of WWII and Chaplain at the Hospital, was well versed in the historical events of the era. He used a variety of instructional formats: original recordings of music and speeches made by key historical figures, films (including newsreels and commerical films), lectures, and group discussions.

The course development procedure for the Red Letter Days class was modified slightly in order to reduce the amount of time required for implementation. Residents were selected as they were for the WWII class with the exception of two persons who heard about the project and asked to be included. The ages of the seven male participants ranged from 48 to 93 years (mean = 78.7).

The interviewers and respondents were matched as before and those interviewers who had not participated in the training workshop were given an abbreviated (two-hour) session by the NHCU director. The only variation in the interview format was instead of focusing on WWII, the interviewers requested information about residents' recollections of holiday celebrations and selected historical events. The average time required to complete the interviews was 6 hours (range was 1 1/2 - 20 hours).

Interviews were not transcribed prior to class. The teacher worked from the tapes as she identified the themes for the sessions. The compilation of life histories was prepared while the course was in progress and was distributed after the class ended. The time required to

develop the course was five weeks.

The Red Letter Days course was created and taught by a faculty member from a local college. The class met twice a week for five weeks and each session lasted about 2 - 2 1/2 hours. The following historic events and holidays were included: the Fourth of July (weeks 1 and 2), Armistice Day, Lindbergh's Flight - Early Aviation, Hitler Invades Poland, Pearl Harbor, VE Day, VJ Day, 1968-Red Letter Year, and Detroit Tigers - World Series Winner. The instructional format was varied as before and the teacher used the background information about class participants to draw them into discussions.

Data Collection

Class attendance records and interviews with the staff members who collected the oral histories and with the family or friends who visited frequently with the residents were used to assess the impact of the project. All data were gathered eight months after the WWII class and four months after the Red Letter Days course concluded.

The interviews with the NHCU staff were conducted by a person from outside the Hospital. The questions focused on three areas: (1) methods used to conduct the interviews and problems which were encountered; (2) perceived changes in the behavior and/or attitudes of the resident who was the interviewer's respondent and other residents who were participants in the project; and (3) benefits which the staff member derived from the project.

The interviews with the family and friends of the residents were conducted by the NHCU director. The visitors were asked how often they interacted with the resident, whether the resident talked about the oral history project, and whether they had read the particular resident's

history. The interviewer also asked if, during the past nine months, the visitors had noted any particular changes in the behavior or attitudes of the resident.

Results

The evaluative data offer some preliminary insights regarding the impact which the oral history project had on both residents and staff.

Impact on Residents

Attendance records indicate that participation in the experimental classes and in subsequent courses varied. The staff and teachers reported that seven of the thirteen project participants did not need to be reminded of or induced to attend the WWII and Red Letter Days classes. The seven residents were also very active participants in group discussions. The six remaining residents were apparently somewhat reticent about going to the classes, but once they were there, they often joined in enthusiastically.

Of the thirteen residents in the study sample, three have died and three have been transferred out of the institution. Among those still residing in the NHCU (N = 7), five are currently enrolled in adult education classes. Thus, 71.4% of the original sample who are still in the Nursing Home have remained involved in group learning opportunities.

Attendance was only one of the measures of impact employed in this study. The data from interviews with NHCU staff and with visitors were used to identify residents on whom the project had a positive effect and those on whom it had apparently little effect. Staff responses to four questions (Did the resident whom you interviewed benefit from the project? If so, in what ways? Are there other residents who you believe benefitted from the project? What changes in behavior/attitudes led you

to identify them?) and visitors' answers to one question (Have you noted any marked changes in Mr. _____'s behavior/attitude since he became involved in the project?) were used to categorize residents into one of two experimental groups. The persons who were classified as positive impact were those who were thought by the staff members (both the interviewer and one other) and by visitor(s) to have made some positive changes in his or her behavior and/or outlook on life. The residents who were not perceived as having improved by either the staff or visitors were categorized as no impact. Using these selection criteria, seven residents were placed in the positive impact group and six were placed in the no impact group.

Having identified the two experimental groups, the researcher reviewed the life histories and responses to additional assessment interview questions to isolate characteristics which distinguished one from the other. Case studies of individuals were selected to illustrate predominant within-group characteristics.

The positive and no impact groups were similar in terms of the residents' age, general physical health status, and formal educational backgrounds. The proportions of individuals with severe physical handicaps and with terminal diseases were equal for the two groups.

Positive Impact Group. The residents who appear to have benefited the most from particpation were those who at the beginning of the project were characterized by staff as intellectually active and alert, but socially withdrawn. The persons in this group were described as having few friends among the other residents and as keeping to themselves.

The positive impact residents' reaction to the oral history interview was one of increasing involvement. Typically, as the older

person became comfortable with the interviewer and felt his or her life was of interest to others, he or she would begin to direct the interview. Sometimes the respondent would prepare an outline so that he or she would be sure to cover significant events from his or her past. Many residents in this group had brought personal mementos to the hospital (news clippings, pictures, letters, etc.) which they asked to have included in the transcribed versions of their life histories.

The interpersonal relations between the residents and their interviewers were perceived by the NHCU staff to increase in warmth and openness. The interviewers noted that "their" residents were more inclined than before to come to them with problems, and the staff, in turn, were more likely to stop and talk about something they knew would be of interest to the residents. In one instance, the nurse shared in the patient's preparation for death and was with him when he died.

Residents also began to visit more often with one another outside of class. The types of interaction covered the range from sharing mealtime conversation to arranging to go on trips outside the Hospital.

The visitors who were interviewed reported that they were in contact with given residents at least twice a week, either by phone or in person. They were pleased by their friends' or relatives' active interest in the oral history project and indicated that it was a frequent topic of conversation. The visitors also noted some general shifts in residents' attitutdes toward their own lives and toward other persons. A common statement was that the resident was better able to cope with his or her health-related problems and seemed to be more "sociable."

Of the seven persons in the positive impact group, five were satisfied enough by the transcribed versions of their oral histories that

they distributed copies to friends and family members. One person circulated eighteen, and another sent out eight copies. The visitors reported that they had all read the histories and were proud of the residents' achievements and ability to accurately recount certain events.

The positive impact residents were the persons who were the active participants in the WWII and Red Letter Days classes. Five of the seven persons in this group are still living in the NHCU and all are currently enrolled in adult education courses.

A portrait of one resident illustrates the common characteristics.

> Mr. Jones became a resident in the NHCU four years ago. At age 80 he became confined to a wheelchair and ultimately found he could not manage alone in his own home. Mr. Jones tended to isolate himself from other residents and constantly complained about the NHCU staff. He had no roommate because he was unable to find someone with whom he was compatible. During the initial interviews, Mr. Jones was apprehensive about the recording equipment, but he overcame the feeling when he began listening to his life recounted in his own words. By the third session he was totally immersed in the process of gathering personal momentos and tracing his family's journey across Eastern Europe and to the U.S. He prepared an outline of his comments prior to each interview and afterward he checked the tape against his notes. He would chat almost everyday with his interviewer about some new discovery. When his transcribed history was ready, he distributed copies to eighteen members of his family. His visitors and the NHCU staff could hardly believe the marked changes in his sociability. In class he was very considerate of his peers, and he began interacting with persons whom he had previously avoided. When the experimental oral history class ended, he joined another one on the metric system.

No Impact Group. The persons who seem to have benefitted least from the project were all described as depressed or confused by both the staff members who interviewed them and by their visitor. Close examination of the data revealed a preponderance of the

confused/depressed persons in the Red Letter Days class. The NHCU had only a limited number of cognitively integrated residents and most had been selected for the first experimental course. The persons chosen for participation in the Red Letter Days class were slightly confused residents whom the NHCU staff thought would benefit from participation.

In contrast to the positive impact group, the no impact residents did not take any initiative in the interviews and instead tended to tolerate them in order to please the staff. Life review for this group was apparently quite discomforting, even though they were recalling events of their own choosing and were not pressed to discuss disquieting ones. Furthermore, it was not uncommon for the interviewer to report that she thought the older person "did not have too much from his past to be proud of." None of the no impact group had mementos which he wanted to share.

Staff members indicated that their rapport with the resident whom they interviewed remained the same as it had been prior to the project — usually cordial, but not close. In two instances, the staff person said the relationship became quite warm during the interview phase of the project, but after the interview ended, it reverted to a more guarded one.

If the residents in the no impact group talked about the project with visitors, they tended to downplay it. Only two visitors reported that they were told of the project and had seen copies of the life histories. As in the positive impact group, visitors contacted residents about twice a week.

The staff comments indicated that persons in this group were

somewhat reticent about particpating in the WWII or Red Letter Days classes. Residents had to be constantly reminded of the meeting time and place and often someone had to go and bring them to class. Neither of the two persons in the no impact group who still reside in the NHCU has enrolled in new adult education programs.*

A case study illustrates some of the predominant attributes which have been mentioned.

> Mr. Smith is 86 years old and has lived in the NHCU for two years. He was placed in the Veterans Administration Hospital because he became quite confused and could no longer manage in his own home. Mr. Smith was still having some difficulty adjusting to the NHCU, but he was in the advanced reality orientation sessions and seemed to be making progress. He tended to be a solitary individual, but was pleasant with other residents and NHCU staff. During the interviews, Mr. Smith had difficulty recounting his past -- memories faded in and out of his consciousness. He could recall some of his life as a child in a wealthy midwestern family and as a car salesman in the Detroit area. But his thoughts were often contradictory and had to be sorted out by the interviewer. Mr. Smith always had to be escorted to class. He would try to find reasons not to attend, but once he was there, he would become quite involved. He became particularly attentive when persons he had met, such as Rickenbacker, were being discussed. He did not become involved in any classes subsequent to the oral history course and he continued his solitary pattern of life in the NHCU. His visitors said Mr. Smith did not discuss the oral history project and they did not note any changes in his behavior.

Impact on Staff

The oral histories of the thirteen residents were gathered by eleven members of the NHCU nursing staff. The decision to use staff members as interviewers was based on the assumption that the staff-

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*One respondent has died and three have moved.

resident relations might be enhanced if they became more familiar with one another as individuals.

To assess the nature and the extent of the impact of the project on the interviewers, their answers to four questions were used: Did your relationship with the resident change during the interview and if so, has it remained that way? In what ways was the project of value to you? Would you complete an oral history with another resident? Which of the transcribed histories have you read?

For the most part, (63. 6%) people reported that they developed much more personal and warmer relationships with the resident whom they interviewed. The residents would tend to seek out their interviewers when they wanted to discuss, or needed assistance with, some personal problem or if they just wanted to share some bit of news.

The majority of staff (63.6%) thought the interview process and the written histories increased their understanding of the older generation as a group and enhanced their appreciation of a particular older individual. A smaller portion (45.5%) reported an overall improvement in their ability to interact with patients; they said they had become more empathic listeners.

All the staff were willing to complete other oral histories of residents. There were two individuals who had, on their own initiative, gathered data from family members and friends. Only one person had not read the transcribed life histories. The ten staff members who had read the materials said they were intrigued by the accomplishments and experiences of the residents and thought they helped establish the personal identitites of the patients.

Discussion

While the evaluation effort went beyond that of previous projects, there were three limitations to this exploratory study. The sample was small and subjects were institutionalized; thus, generalizations are restricted. No standardized cognitive and attitude instruments were used to assess the level of functioning among residents prior to or after the project; only the perceptions of the NHCU staff and visitors were used to identify the changes in residents' behavior. No formal evaluations of the interviewers' or teachers' skills were completed.

Within the limitations of the study, however, the results do suggest:

(1) Elderly residents of the NHCU who were characterized as cognitively integrated and not inclined to participate in existing classes became involved when their oral histories were used as the basis for the development of experimental courses. Furthermore, they tended to continue their participation after the experimental classes were concluded.

(2) Members of the NHCU staff and the residents mutually benefitted from the oral history interview process.

(3) Teachers found the personalized background information about the course participants was critical to the successful implementation of the classes.

As regards the first of the findings, 71.4% of the resident sample who still reside in the NHCU became actively involved in new courses after their initial involvement in the oral history classes. This outcome is encouraging for educators who might consider undertaking a similar project. Anyone who considers using this approach should,

however, be sure to plan in advance opportunities for the continuous involvement of the adult learners. To fully capitalize on the interest in learning, opportunities should be readily accessible and there should be continuity among classes both in terms of timing (little delay) and content.

The decision to have staff members, rather than persons from outside the institution, collect the oral history data was based on the assumption that there would be a positive impact on the rapport between the residents and those with whom they were in daily contact. The assessment data confirm the value of such an arrangement. The primary disadvantage of the plan is the problem of scheduling the time for the interviews, and perhaps for this reason, it is tempting to use volunteers from outside of the institution. Unfortunately, little is known about the impact which the withdrawal of the interviewer has on the older person. Program administrators should weigh the scheduling problem and the possible detrimental effect of interviewer withdrawal against the possible shifts in staff-resident relationships.

Another practical problem which should be considered is the time and cost of transcribing the oral history data. Oral history is an expensive venture and many hours of taped interviews had to be typed and edited before the books were completed. Improvements in word processing equipment may, however, soon reduce the costs.

The interviewers reported, in addition to the scheduling problem, a few common difficulties: learning to cope with the long periods of silence as respondents gathered their thoughts; making respondents comfortable with the recording equipment; and adjusting to respondents' sensory losses. Interviewers also reported that respondents needed to

be assured that what they were relating was interesting and valuable. Educators who conduct training sessions for the persons who will gather the oral histories might consider giving particular attention to these topics.

The teachers who created and taught the experimental courses believed that the oral histories were important, not only to the planning process, but to the facilitation of group discussion. It enabled the teachers to plan sessions which were relevant to the collective experiences of the groups and to draw students into discussions with specific references to their unique backgrounds.

The teachers found other factors were crucial to the successful implementation of the courses. Both instructors agreed that classes composed of six or seven students were optimal. The small groups allowed them to sit close enough to one another that they were able to cope with hearing and visual losses. The class size also made it possible for teachers to give individualized attention to students. Another factor which was important was the students' attention spans. The teachers were surprised and pleased by the fact that the older persons had little or no difficulty concentrating for 2 to 2 1/2 hours. Finally, there was little doubt that using a variety of original resources (recorded speeches, films, etc.) was particularly valuable in helping the students relate to the different time periods and/or historical events which were being discussed.

The results of the study did not indicate a distinct advantage to either having the transcribed life histories available prior to or after the class. The teacher of the WWII class did note, however, that persons in his class had read the histories before they met for the first time.

The question still remains whether the use of the book as a text facilitates the development of a greater range of interpersonal relations than the situation in which people become acquainted through class interaction.

Finally, the comparisons between the positive impact and no impact residents point to possible attribute-treatment interactions between students' cognitive integration and the oral history approach to instruction used in this study. Researchers should systematically examine the relationships between levels of cognitive dissonance, as measured by Lewis (4), and motivation to participate in classes which utilize a life review process.* Investigators might also use the McMahon and Rhudick (5) typology of adaptation to determine whether those older adults who are characterized by higher levels of reminiscing are most interested in learning which emphasizes personal and group life experiences. The data from this study suggest that certain older adults are more likely to benefit from participation in oral history classes. The task now facing researchers is how to identify appropriate target groups.

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*A corollary question is whether students who experience reductions in cognitive dissonance betwen past and present self concepts, either through oral history classes or reiniscing therapy, are more likely to seek out educational opportunities.

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